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 SECURITY INFORMATION

SPECIAL ESTIMATE

COMMUNIST CHARGES OF US USE OF BIOLOGICAL
 WARFARE

SE-24

The intelligence organizations of ^{the} Departments of State, the Army, the Navy, the Air Force, and the Joint Staff participated with the Central Intelligence Agency in the preparation of this estimate. All members of the Intelligence Advisory Committee concurred in this estimate on 20 March 1952. See, however, footnote to paragraph 16.

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~~CENTRAL INTELLIGENCE AGENCY~~

~~18 March 1952~~

~~SUBJECT: Sec 21:~~

COMMUNIST CHARGES OF US USE OF BIOLOGICAL
WARFARE

18 Sp. Cof. ch 39 1/2 P. sec

THE PROBLEM

14 Sp. Cof. ch 39 1/2

To estimate the significance of the Communist psychological warfare campaign alleging use of biological warfare by the US in Korea and China.

12/17
Jame
39 1/2 P. sec

FACTS BEARING ON THE PROBLEM

14 Sp. Cof. ch 39 1/2 P. sec

- [1. The current large-scale propaganda campaign charging US forces with bacteriological warfare in Korea and China has been carefully coordinated throughout the Communist Orbit. It has been directed at both domestic and foreign audiences. The scope and intensity of this campaign has exceeded that of any recent Communist propaganda effort. ~~(S. T. 1)~~

10/12
Jame
19 P. sec
Cof.

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The campaign began with a charge by the North Korean Minister on 22 February that the US was using BW in North Korea. On 6 March the charges were extended to include Communist China when the Peiping People's Daily, an official Communist organ, stated that the US had sent a total of 448 planes on germ warfare missions over Manchuria during the preceding week, and had in addition bombed and strafed at least one area in Manchuria.

3. On 8 March statements by Chinese Communist Premier Chou En-lai and an editorial in the official Chinese Communist Party organs:

a. Charged that American use of BW weapons was aimed at "wrecking the armistice talks in Korea, prolonging and expanding the aggressive war in Korea, and instigating new wars";

b. Called upon the "peace-loving people of the world" to "rise up and put an end to the sinful designs of the United States Government."

c. Threatened that US pilots "using bacteriological weapons *over China*" will be treated as "war criminals" when taken prisoner.

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☐ 4. Communist and Communist front organizations have protested to the UN and to the International Red Cross against US use of bacteriological warfare. At the UN on 14 March, Soviet Deputy Foreign Minister Malik gave official Soviet support to Peiping radio accounts of US use of BW. So far, no Communist government has asked for any specific international action aside from "condemnation of the US" by the UN, nor has the subject of BW as yet been ^{brought up} mentioned by the Communist ^{officials} at Pannanjom.

☐ 5. The accusations regarding bacteriological warfare have been directed against the US rather than against UN forces generally.

☐ 6. The campaign has been supported by alleged "evidence." From a technical standpoint, however, both the Communist description of the attacks and this "evidence" contain flaws and inconsistencies.

☐ 7. Elaborate local efforts have been taken to alert Communist military personnel and civilians to carry out counter-measures. It is probable that many of the Communist military personnel in the combat area have been convinced that the reports of the attacks are authentic.

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[8. Last spring there was evidence of extensive typhus, cholera, typhoid, and smallpox in North Korea. There is at present no evidence of a recurrence of these conditions and the Communists have denied that there are any epidemics in North Korea. However, neither the absence of evidence nor the Communist denial precludes the possibility that these conditions have recurred. In view of the season and existing public health conditions in North Korea, Communist leaders may be expecting an early outbreak of epidemics of serious proportions. (See ^{Appendix} ~~Tab A~~).

[9. The Communists have reported diseases of epidemic specific localities in proportions in Communist China, but have not ~~(shown)~~ related these epidemics to the alleged BW attacks.

[10. Although Communist forces in Korea are estimated to have the capability of conducting small-scale BW attacks, they are ill prepared either to guard against the possibility of such an effort backfiring into their own ranks, or to defend themselves against possible UN retaliation in kind. If the Soviets provided the means, Communist capabilities for offensive employment of BW might become substantial. However, UN vulnerability to Communist BW attacks is probably far less than Communist vulnerability to UN BW attacks. (See ^{Appendix} ~~Tab B~~).

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POSSIBLE PURPOSES OF THE CAMPAIGN

19 Sp of 32 1/2 Pgs

- ☐ 11. A major purpose of the campaign is almost certainly to serve internal Communist propaganda needs. In this respect the following objectives are probably most important:

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- ☐ a. The establishment of an alibi for existing epidemic conditions in Communist China and/or Korea or in anticipation of such epidemics, with which Communist authorities might be unable to cope;
- ☐ b. The stimulation of civilian and military public health and sanitation efforts;
- ☐ c. The stimulation of hatred of the US throughout the Communist world.

- ☐ 12. The scale and nature of the campaign are such, however, as to suggest purposes beyond those of internal propaganda. Such broader purposes may be limited solely to general foreign propaganda aims, or may involve preparations for some early

major Communist move. Regardless of its original intent, the final purpose of the campaign may be determined by the extent of success achieved as it gains additional momentum.

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☐ 13. Among probable foreign propaganda purposes are:

- ☐ a. To discredit the US in the eyes of its allies and the rest of the non-Communist world;
- ☐ b. To arouse fears that the US is aggravating an already explosive situation in Korea and in the East-West struggle.

☐ 14. Among possible foreign propaganda purposes are:

- ☐ a. To strengthen the moral position of the Communists in the event that the Communists undertake large-scale offensive military operations in Korea or elsewhere;
- ☐ b. To weaken the moral position of the US in the event that large-scale hostilities are resumed in Korea and the US attempts to expand the Korean conflict.

☐ 15. The campaign is entirely consistent with and could be in preparation for an early Communist political move with

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respect to the truce negotiations, or for a renewal of large-scale military action. However, the current campaign, which is still gathering momentum, does not yet, in itself, provide a basis for determining whether a major political or military move is imminent. If the Communists should undertake large-scale military operations in Korea, we do not believe they would employ BW.

☐ 16. There are no firm indications that a Communist military offensive is imminent in Korea or elsewhere, and there is no firm evidence regarding future Communist moves in the Korean cease-fire negotiations.*

Handwritten notes:
 "Attch 16" ~~for~~ "B" ~~in~~ "B" ~~in~~ "B"
 "HPPort: x" ~~for~~ "B" ~~in~~ "B"
 "Communist BW" ~~in~~ "B"
 "On children in the Korean Area"

* The Director of Intelligence, United States Air Force, would add the following as the final paragraph to this estimate:

" It is estimated that the current propaganda campaign, which is increasing in intensity and stature, contains within itself a potentiality which could serve as justification for any move, including general war. The lack of intelligence to relate the campaign to any specific Soviet objective necessitates consideration of even those possibilities presently considered least likely. "

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APPENDIX

~~100~~ A

DISEASE IN THE KOREAN AREA

1. Available intelligence does not indicate the present incidence of typhus, cholera, smallpox, typhoid and other diseases in North Korea. *Because of the poor diagnostic competence of the Chinese Communist and North Korean medical services,* It is doubtful whether factual information on the incidence of each disease will ever be available. ~~Since the diagnostic competency of the Chinese Communist and North Korean medical services is poor~~ Consequently, true current incidence of any given disease in the North Korean (and China/Manchuria) area is likewise not known by the Communists. However, the area contains the natural conditions causing many diseases to be endemic and epidemic.

~~2. Endemic diseases of military significance in the NE China - Manchuria - Korea area are given below.~~

~~(The importance of each is indicated by the following)~~

~~(symbols)~~

~~(1 - Special Military Importance)~~

~~(2 - Potential Military Importance)~~

~~(a. Endemic Diseases)~~

~~(b. May be introduced)~~

~~(3 - Serious diseases not of military importance)~~

~~(but likely to affect small numbers of troops)~~

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[2. * Diseases historically follow the movement of armies, and there is every reason to believe this ^{happened} fact applies in the case of ^{the} Chinese ^{military} movements into North Korea. Moreover, hygiene and sanitary conditions in the NKF and CCF have become progressively more propitious for disease outbreaks as the Korean conflict has continued. Exhausting forced marches and inadequate food and shelter have lowered the resistance of the troops. Dirty mess-gear has been commonplace. Lack of medical equipment and non-utilization of sanitation personnel, even in rear areas, ^{reflect negligent} ~~are evidence of neglect from a~~ preventive-medical ^{practices.} ~~stand-~~ ~~point.~~ The absence of an effective lousicide is another factor contributing to the generally primitive sanitary condition in the field (DDT is ^{ineffective} ~~ineffectual~~ against certain types of Korean and Manchurian lice).

[3. * During 1951/ cholera, smallpox, and typhus were reported to be widespread among North Korean and Chinese Communist troops. Typhus fever had a high incidence among enemy troops during the spring, ^{but} the rate fell sharply early in July. It was reported that in some areas of North Korea 50% ^{percent} of all civilian communities contracted the disease, with a resulting 30% ^{percent} mortality. In March, 1951, there were reports that typhus, typhoid and smallpox had affected a large proportion of civilians and North Korean troops in the Ch'unch'on area; the mortality rate was reported

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percent

to be 50%. In April, 1951, the NKF and CCF disease victims were reported to equal battle casualties.

- [4. ~~4.~~ In November, 1951, GHQ, FECOM concluded that "lack of an effective lousicide, together with the apparent neglect of universal typhus immunizations and the high louse infestation

of enemy troops will inevitably result in many cases of typhus". In March, 1952 one covert report stated that 30% of the 8th Corps, NKA, were bedridden with typhoid fever or typhus, with about 60% mortality.

- [5. ~~5.~~ There have been several recent reports of an unusual disease in both the NKF and the CCF. The disease is characterized by an acute onset with headache, chills, and fever; nosebleed, vomiting, and abdominal pains were reported in some instances. While there was no mention of conjunctival hemorrhage (or "red eye") in connection with these reports, a large percentage of PW's were found to be suffering from some form of conjunctivitis at the time of capture. No estimate of incidence of the malady

in enemy troops can be obtained. ~~In March 1952, one covert report stated that 30% of the 8th Corps, NKA, were bedridden with typhoid fever or typhus, with about 60% mortality.~~

- [6. ~~6.~~ There was one covert report of a smallpox-like disease epidemic in North Korea during November-December 1951; no confirming intelligence is available.

- [7. ~~7.~~ CCF Immunization. ~~There is every indication that CCF~~

There are indications of extensive inoculation of CCF troops, although the degree of protection received is not known due to doubtful efficacy of immunization. Prior to CCF intervention in 1950, vaccines were plentiful in China and Manchuria, and were also available for revaccination of CCF troops in Korea during the spring of 1951 (except for tetanus toxoid). Vaccines were made in China and Manchuria at any of a number of centers such as the Peking Central Epidemic Prevention Bureau and the Dairen Municipal Sanitation Center. Intelli-

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~~of, 1951, (except for tetanus toxoid). Vaccines were all made in China and Manchuria at any one of a number of centers such as the Peking Central Epidemic Prevention Bureau and the Dairon Municipal Sanitation Center. No Russian or US made vaccines were used. However, there were no investigations for typhus or for Japanese B encephalitis.~~

- ☐ a. Smallpox: Vaccination ~~was~~ universal in 1950. In 1951

About 90% ^{percent} coverage of military forces, ~~was achieved~~
~~in 1950~~ ¹⁰ percent ^{being omitted} were missed because of ~~the~~ pressure of
~~military operations~~
 unfavorable tactical situation and fear of being vaccinated.

- ☐ b. Typhoid-Paratyphoid-Cholera: Combined vaccine.

Given in divided doses of 0.5cc, 1.0cc and 1.0cc at intervals of 1 week. Universal coverage in 1951 for ~~the~~ first dose, about 90% ^{percent} coverage for ~~the~~ second dose, and about 80% ^{percent} coverage for ~~the~~ third dose. ~~The lack of universality of the last~~ ^{Lack of full coverage for}

two doses ~~may be ascribed to the unfavorable tactical situation.~~ ^{due to pressure of military operations.}

- ☐ c. Tetanus: Given in divided doses of 0.5cc, 1.0cc

and 1.0cc at intervals of 3 - 4 weeks. Universal coverage in 1951 for the first dose, about 40% ^{percent}

coverage for the 2nd dose, ~~and~~ 15% ^{percent} for the 3rd dose. ~~The lack of universality of the last~~ ^{full coverage for}

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two doses ^{due to pressure of military} ~~may be ascribed to the unfavorable~~
~~operations~~
~~tactical situation~~ and to a shortage of toxoid.

☐ 8.4. NKA Immunization. The immunization program in the

NKA was far less universal during the first half of 1951 than
Intelligence does not indicate use of specific
in the CCF. ~~There were no specific inoculations for tetanus,~~
inoculations for tetanus, cholera, or Japanese B encephalitis.
~~Cholera or Japanese B encephalitis.~~ It is estimated that 15 -
percent
20% of troops received no immunization of any kind in 1951.

- ☐ a. Smallpox: Vaccination ~~was~~ universal in 1950.
Only about 1/3 of troops ~~was~~ revaccinated in
1951.
- ☐ b. Typhoid-Paratyphoid: Combined vaccine. Given
twice yearly in divided doses of 0.5cc and 1.5cc
with a one-week interval. About 90% ^{percent} coverage in
early 1950 and about 30% ^{percent} coverage in 1951.
- ☐ c. Typhus: None in 1950. Given in two divided doses
of 1.0cc each to approximately 60% of troops between
February and May 1951.
- ☐ d. Typhoid-Paratyphoid-Typhus: Combined vaccine given
in divided doses of 1.0cc each to approximately
60% ^{percent} of troops in 1951.
- ☐ e. "Nisin-Bektin": This is the phonetic pronunciation
of a Russian combined vaccine ~~that was~~ given to
^{percent}
approximately 80% of NKA troops between March and

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May 1951. Inoculation of one dose results in fever of three or four days duration. No fatalities resulted. As far as can be ascertained, the vaccine contained immunizing agents against the following diseases: typhoid, cholera, probably paratyphoid A and B, and tetanus or dysentery. ~~The~~ information concerning the use of this vaccine is reliable, but the list of diseases against which it is supposed to be effective is not, ~~reliable~~.

[9. ~~From~~ From current reports it appears that both the Chinese and North Koreans have ordered (at least on paper) plague and cholera immunizations for civilians as well as for troops.

Anti-plague corps are said to be carrying out emergency decontamination and epidemic prevention work in ~~the~~ front-line positions and villages affected, ^{and} Epidemic prevention stations ^{reportedly} have been set up in germ-affected areas.

[10. ~~II~~ Military sanitation orders include the boiling of all drinking water, the burning of garbage and to the ^{setting up} ~~making~~ of latrines in specified areas. Insect and rodent control measures have also been instituted. It is emphasized that while these orders exist on paper, it is not known how ^{thoroughly} ~~adequately~~ they are ^{being} carried out.

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APPENDIX

~~END~~ B

COMMUNIST BW CAPABILITIES IN ~~THE~~ THE KOREAN AREA

OFFENSIVE

☐ 2. There is no proof of Chinese Communist or North Korean biological research for the express purpose of waging biological warfare. Available intelligence ^{on} ~~of~~ Communist BW capabilities in the Korean area is almost entirely concerned with possible CCF activities, although it must be assumed that some technical interchange takes place between ^{The Communists} Chinese and North Koreans.

☐ 2. Intelligence indicates that the Chinese Communist Government may have established a small basic and applied laboratory BW research program. This program is probably carried out in three scientific institutes located in North China and Manchuria. Research appears to be centered on enteric diseases of man and selected food-crop-killing hormones.

☐ 3. Top control of the BW research program probably rests in the "Chinese Communist Military Council"; technical assistance is obtained from specialists in the various research institutes. Control by the Council is exercised through three main scientific institutes in areas where the requisite laboratory facilities are already available for biological research. The principal institutes are at Peiping (Peiping Scientific Research Institute); Chang Chun (The People's Army Chemical Warfare School and Research Laboratory under the Northeast Scientific

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Institute); and Peian (Paichia Special Diseases Research Institute). Other institutes possibly connected with the Chinese Communist program are located at Harbin (branch of the Continental Scientific Research Institute); Mukden (Cattle Disease Research Laboratory); and Dairen (the Dairen Sanitary Research Laboratory).

4. The Chinese BW program, intimately related to ^{The} ~~its~~ CW program, is reported to be closely supervised and supported by the USSR. ~~Soviet~~ *Non-Chinese are prominent in the research program. Soviet* personnel participate as directors of the principal laboratories, and as *many as 50 percent of the* ~~research~~ *are reportedly Soviet. In addition,* scientists and technicians. *As many as 50 percent of the* ~~technical personnel are reported to be Soviet,~~ 120 Japanese specialists from the former Kwantung Army BW units have been *integrated into* ~~sent to work by the~~ *The program by the Chinese Communists.*

5. Reported work of these facilities and scientists covers bubonic plague, typhoid, cholera and other intestinal diseases. The Chang Chun institute has facilities closely associated with airfields; however, there is no evidence to confirm or deny actual employment of aircraft in munition or agent tests. Likewise, there is no evidence from the other research centers to indicate pilot-plant or large-scale BW production, field testing of agents, or development and ~~test~~ *testing* of BW munitions and equipment.

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[6. Recent tests by the ^{US} Army Chemical Corps have served to illustrate the ease with which limited ^{area} targets can be attacked with BW agents. In view of the results of these tests, it seems probable that the Communists could, in limited areas, sabotage South Korean crops, wells, municipal water systems and populated points ~~with~~ with BW agents.

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DEFENSIVE

[7. BW defensive capabilities are closely tied to the public health system, medical facilities and medical supplies. In China and Korea all three are very poor. The Communists are attempting to improve these in their basic public health program ^{and} such improvement, when realized, will be of value in combating BW.

[8. The Chinese Communist Government announced in 1951 an expansion of epidemic control and prevention units ^{the} and expenditure of large sums for medical and sanitation work. Although inoculations against contagious diseases have been reported, it is doubtful ^{whether} if a significant percentage of the population has been protected. Many CCF PW's in Korea report ^{that} inoculations are incomplete or entirely omitted. The Soviets have been aiding and advising the Communists in China ^{and} Manchuria, particularly ^{regarding} ~~as regards~~ prevention and control of plague; whether this Soviet interest is primarily benevolent or is associated with the BW program is not known.

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9. It is possible that Soviet developments in BW equipment and munitions might be made available (at least in design) to the Communists in Korea if it was determined that BW should be employed. However, in view of the Communists' relatively poor defensive capability vis-a-vis US defensive capability, large-scale employment of BW with Soviet munitions, agents, and the necessary concurrent air superiority, is considered highly unlikely.

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